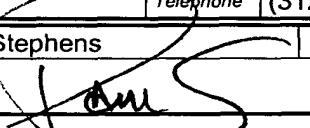
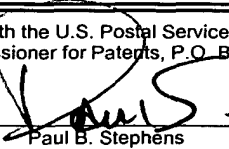


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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 29020/308A First Inventor Jason T. Dondlinger Title INFLATABLE DOOR SEAL Express Mail Label No. EV323771399US		22154 U.S. PTO 10/667259 09/19/03
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing) See 37 CFR 1.27.</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 14] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 5. Oath or Declaration [Total Sheets] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: 		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 04743 OR <input type="checkbox"/> Correspondence address below				
Name		MARSHALL, GERSTEIN & BORUN LLP Thomas A. Miller		
Address		233 S. Wacker Drive, Suite 6300 Sears Tower		
City	Chicago	State	IL	Zip Code 60606-6357
Country	US	Telephone	(312) 474-6300	Fax (312) 474-0448
Name (Print/Type)		Paul B. Stephens		Registration No. (Attorney/Agent) 47,970
Signature				Date September 19, 2003
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV323771399US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: September 19, 2003 Signature:  Paul B. Stephens				

16179 U.S. PTO
09/19/03

PTO/SB/17 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Not Yet Assigned	
		Filing Date	
		Concurrently Herewith	
		First Named Inventor	
		Jason T. Dondlinger	
Examiner Name		Not Yet Assigned	
Art Unit		N/A	
Attorney Docket No.		29020/308A	
TOTAL AMOUNT OF PAYMENT (\$)		1,440.00	

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																																					
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49	-20** =	29	x	18.00	=	522.00																																																																																																																																																																																																																																																			
5	-3** =	2	x	84.00	=	168.00																																																																																																																																																																																																																																																			
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																																																																																																																																																																																				
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																																																																																																																						
1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																																																																																					
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																																																																																					
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																					
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																																																					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																					
SUBTOTAL (2)					690.00																																																																																																																																																																																																																																																				

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Paul B. Stephens	Registration No. (Attorney/Agent)	47,970
Signature		Telephone	(312) 474-6626
		Date	September 19, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV323771399US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 19, 2003	Signature: Paul B. Stephens